

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE **F-1**

2. ID #

1. Committee Name _____

3. Report covering period from _____ thru _____.

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
4a	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
	DESCRIPTION OF RECEIPT		
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
	DESCRIPTION OF RECEIPT		
c.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
	DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
	DESCRIPTION OF RECEIPT		
e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
	DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
	DESCRIPTION OF RECEIPT		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 <i>[If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7, Column A]</i>		